

**RETURN RECEIPT OF KIWIFRUIT TO GROWER**

**TO: Kiwifruit Administrative Committee**  
 1521 "I" Street  
 Sacramento, CA 95814  
 Phone: (916) 441-0678  
 Fax: (916) 446-1063 Email: calkiwi@agamsi.com

This form is used to verify provisions of the Marketing Order and to serve as proof of fruit ownership when transporting/selling fruit. Keep the original of this form on file, mail or fax a copy to the Committee office, and give a copy to the grower.

<b>LEGAL OWNER (Grower's Name)</b>	
<b>Address</b>	
<b>City/State/Zip</b>	
<b>Telephone Number</b>	

<b>Type of Container</b>	
<b>Number of Containers</b>	
<b>Approximate Total Pounds</b>	
<b>Container Markings</b>	

Fruit Picked Up From (check one):

Packer\_\_\_ Handler\_\_\_ Shipper\_\_\_ Cold Storage\_\_\_

<b>Name of Firm Where Fruit Picked Up From</b>	
<b>Address</b>	
<b>City/State/Zip</b>	
<b>Telephone Number</b>	

**Signature of Grower**\_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Firm Owner or Employee**\_\_\_\_\_ **Date:** \_\_\_\_\_

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